

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A  
 For use by Members, officers, and employees

Page 1 of 5

LEGISLATIVE RESOURCE CENTER

2011 MAY 27 PM 12:37

Name: John Timothy Griffin

Daytime Telephone: 501 837-5190

MC U.S. HOUSE OF REPRESENTATIVES  
 MAY 19 2011  
 (Office Use Only)

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Arkansas</u> District: <u>2nd</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

**For payments to charity in lieu of honoraria, use Schedule II.**

# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name

John Timothy Griffin

Page 3 of 5

## BLOCK A

### Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in “unearned” income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

**Exclude:** Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

SP, DC, JT  
Examples: Mega Corp. Stock  
Simon & Schuster  
1st Bank of Paducah, KY Accounts

## BLOCK B

### Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be “None.”

## BLOCK C

### Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check “None” if the asset generated no income during the reporting period.

## BLOCK D

### Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check “None” if no income was earned or generated.

## BLOCK E

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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For additional assets and unearned income, use next page.

**Continuation Sheet (if needed)**

John Timothy Guffel

Page 4 of 5

**This page may be copied if more space is required.**

# **SCHEDULE V— LIABILITIES**

Name

*John Timothy Gr. Ash*

Page 5 of 5

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A	B	C	D	E	F	G	H	I	J
					\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
	American Express, Dallas Texas revolving			credit card		X								
	Sallie Mae, Inc., Wilkes-Barre PA various			student loans		X								
	Farmers Bank and Trust Camden, AR Oct 2010			loan		X								

# **SCHEDULE VI— GIFTS**

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

Use additional sheets if more space is required.

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A** Page 1 of 7  
 For use by Members, officers, and employees

Stephen A. Womack  
 (Full Name)

202-225-4301  
 (Daytime Telephone)

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER  
 MAY 16 PM 4:56  
 (Office Use Only)

**Filer Status**

☒ Member of the U.S. House of Representatives  
 State: AR  
 District: 03

☐ Officer Or Employee  
 Employing Office:

**Report Type**

☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p><b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b></p>

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p><b>Trusts--</b></p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>Exemptions--</b></p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

**SCHEDULE I - EARNED INCOME**

Name Stephen A. Womack

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
City of Rogers, Arkansas	Salary	\$115,000
County of Benton (Arkansas)	Spouse Salary	N/A
State of Arkansas	Spouse Salary	N/A
National Guard Recruiting Assistance Program (GRAP)	Recruiting Stipend	\$3,000

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Stephen A. Womack

Page 3 of 7

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	Arvest Bank Accounts	\$15,001 - \$50,000	INTEREST	NONE	
DC	E*Trade- Cash Account	None	INTEREST	\$1 - \$200	S
DC	Kansas City Life Policy	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
DC	Kansas City Life Policy	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
JT	Merrill Lynch- Cash Account	\$1,001 - \$15,000	INTEREST	NONE	
DC	Metroplitan Bank	None	INTEREST	\$1 - \$200	S



**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Stephen A. Womack

Page 4 of 7

JT	Rental Property- 1501/1503 S. 12th Street Rogers, AR	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
DC	Savings Bonds	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	State Farm Insurance- Term Policy	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	State Farm Insurance- Term Policy	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
JT	XM-Serius Stock	\$1,001 - \$15,000	None	NONE	

## SCHEDULE VI - GIFTS

Name Stephen A. Womack

Page 5 of 7

Report the source, a brief description, and the value of all gifts totaling more than \$335 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Rogers City Officials	Personalized Rocking Chair	\$450

**SCHEDULE VIII - POSITIONS**

Name Stephen A. Womack

Page 6 of 7

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Mayor, City of Rogers, Arkansas	Municipal Government (thru 12/31/10)
Member, Director	Northwest Arkansas Regional Planning Commission (thru 12/31/10)
Member, Director	Northwest Arkansas Regional Mobility Authority (thru 12/31/10)

## SCHEDULE IX - AGREEMENTS

Name Stephen A. Womack

Page 7 of 7

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Jan. 1999	Arkansas Public Employees Retirement System	Pension Annuity- Mayor of Rogers

**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A** Page 1 of 1  
For use by Members, officers, and employees

**HAND DELIVERED**

Michael Avery Ross  
(Full Name)

202-225-0798  
(Daytime Telephone)

2011 MAY 12 PM 5:23

OFFICE (Office Use Only)

**Filer Status**

☒ Member of the U.S. House of Representatives

State: AR  
District: 04

☐ Officer Or Employee

Employing Office:

**Report Type**

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p><b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b></p>

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<b>Trusts--</b>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<b>Exemptions--</b>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

SCHEDULE I - EARNED INCOME

Name Michael Avery Ross

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Super D Drugs Acquisition Company, Pine Bluff, AR	Spouse Salary	N/A

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Michael Avery Ross

Page 3 of 6

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
<b>Asset and/or Income Source</b> Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or		<b>Year-End Value of Asset</b>  at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	<b>Type of Income</b>  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	<b>Amount of Income</b>  For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	<b>Transaction</b>  Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
JT	Bank of Prescott, Prescott, AR, Accounts	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
JT	Commercial Building, 114 East Elm, Prescott, AR, Leased to Super D Drugs Acquisition Company, Pine Bluff, AR	\$15,001 - \$50,000	RENT	\$2,501 - \$5,000	
JT	Fidelity Investments, Fidelity Spartan Total Market Index Advantage Class Mutual Fund	None	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	PS
	Fidelity Rollover IRA, Fidelity Growth and Income Mutual Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
	Fidelity Rollover IRA, Fidelity Magellan Mutual Fund	\$50,001 - \$100,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	P

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Michael Avery Ross

Page 4 of 6

	Fidelity Rollover IRA, McKesson Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
	Fidelity Rollover IRA, Fidelity Diversified International Mutual Fund	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	P
	Fidelity Rollover IRA, Fidelity Value Mutual Fund	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	P
	Fidelity Rollover IRA, Fidelity Cash Reserves, proceeds from sell were used to purchase additional shares in existing Fidelity Rollover IRA, Fidelity Magellan Mutual Fund listed above	None	INTEREST	\$1 - \$200	PS
SP	Fidelity Rollover IRA, Fidelity Spartan International Index Investor Class Mutual Fund	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	P
SP	Fidelity Rollover IRA, McKesson Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	Fidelity Rollover IRA, Fidelity Cash Reserves, proceeds from sell were used to purchase additional shares in existing Fidelity Rollover IRA, Fidelity Spartan International Index Investor Class Mutual Fund listed above	None	INTEREST	\$1 - \$200	PS
SP	Fidelity Rollover IRA, Fidelity Growth and Income Mutual Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P



# SCHEDULE IV - TRANSACTIONS

Name Michael Avery Ross

Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain In Excess of \$200?	Date	Amount of Transaction
JT	Fidelity Investments, Fidelity Spartan Total Market Index Advantage Class Mutual Fund	S	No	04-16-10	\$50,001 - \$100,000
	Fidelity Rollover IRA, Fidelity Cash Reserves, proceeds from sell were used to purchase additional shares in existing Fidelity Rollover IRA, Fidelity Magellan Mutual Fund listed below	S	No	01-07-10	\$1,001 - \$15,000
	Fidelity Rollover IRA, Fidelity Magellan Mutual Fund, proceeds from sell of Fidelity Rollover IRA, Fidelity Cash Reserves listed above were used to purchase additional shares in existing Fidelity Rollover IRA, Fidelity Magellan Mutual Fund	P	No	01-07-10	\$1,001 - \$15,000
SP	Fidelity Rollover IRA, Fidelity Spartan International Index Investor Class Mutual Fund	P	No	04-16-10, 12-17-10, 12-30-10	\$1,001 - \$15,000

**SCHEDULE V - LIABILITIES**

Name Michael Avery Ross

Page 6 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
JT	Chase, Wilmington, DE	Various Dates 2010	Credit Card	\$15,001 - \$50,000